

AMENDED RETURN

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0087

For calendar year 2016 or other tax year beginning OCT 1, 2016, and ending SEP 30, 2017 1709

2016

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Part I: Name of organization (NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.), Address (4802 EAST JOHNSON AVE., JONESBORO, AR 72401), Employer identification number (71-0850123), and Unrelated business activity codes (541900, 541700).

Part F: Group exemption number and Check organization type (501(c) corporation).

Part H: Describe the organization's primary unrelated business activity (SEE STATEMENT 1). Part I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (Yes).

Part J: The books are in care of (KYLE W. SANDERS, CFO) Telephone number (870-936-0100).

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (1,334,630), Cost of goods sold, Gross profit, and Total. Includes handwritten 'C' and 'G'.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, Bad debts, Interest, Taxes and licenses, Charitable contributions, Depreciation, and Total deductions. Includes a 'RECEIVED' stamp from OGDEN, UT dated AUG 20 2019.

SCANNED SEP 24 2019

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here [X] See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34 35c 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
[ ] Tax rate schedule or [ ] Schedule D (Form 1041) 36
37 Proxy tax. See instructions 37
38 Alternative minimum tax 38
39 Tax on Non-Compliant Facility Income. See instructions 39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40 0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a
b Other credits (see instructions) 41b
c General business credit. Attach Form 3800 41c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d
e Total credits. Add lines 41a through 41d 41e
42 Subtract line 41e from line 40 42 0.
43 Other taxes. Check if from: [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach schedule) 43
44 Total tax. Add lines 42 and 43 44 0.
45a Payments: A 2015 overpayment credited to 2016 45a
b 2016 estimated tax payments Sob 45b 102,600.
c Tax deposited with Form 8868 45c
d Foreign organizations: Tax paid or withheld at source (see instructions) 45d
e Backup withholding (see instructions) 45e
f Credit for small employer health insurance premiums (Attach Form 8941) 45f
g Other credits and payments: [ ] Form 2439 [ ] Other Total 45g
46 Total payments. Add lines 45a through 45g SI 46 102,600.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached [ ] 47
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 48
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid SA 49 102,600.
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax 25,189. Refunded SA 50 77,411.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here [ ] Yes [X] No
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. [ ] Yes [X] No
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer: [Signature] Date: 8/13/19 Title: EXECUTIVE VICE-PRESIDENT/CFO
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No
Paid Preparer Use Only Print/Type preparer's name: SHAWNA M. SUNBURY Preparer's signature: [Signature] Date: 8/9/2019 Check [ ] if self-employed PTIN: P01222873
Firm's name: DELOITTE TAX LLP Firm's EIN: 86-1065772
Firm's address: 111 MONUMENT CIRCLE, SUITE 4200 INDIANAPOLIS, IN 46204-5108 Phone no.: 317-464-8600

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
5 Total. Add lines 1 through 4b	5				

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	
(e) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 8, column (B)
0.		0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
0.			0.	0.
Total dividends-received deductions included in column 8				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b> .....			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b> .....		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 28.
<b>Totals</b> .....		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part II Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b> .....		0.	0.			0.

**Part III** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b> .....	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b> .....			0.

Form 990-T (2016)

**Alternative Minimum Tax - Corporations**

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).

**2016**

Name **NORTHEAST ARKANSAS CLINIC CHARITABLE  
FOUNDATION, INC.**

Employer identification number  
**71-0850123**

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

<b>1</b>	Taxable income or (loss) before net operating loss deduction .....	<b>1</b>	-11,227.
<b>2</b>	Adjustments and preferences:		
<b>a</b>	Depreciation of post-1986 property .....	<b>2a</b>	
<b>b</b>	Amortization of certified pollution control facilities .....	<b>2b</b>	
<b>c</b>	Amortization of mining exploration and development costs .....	<b>2c</b>	
<b>d</b>	Amortization of circulation expenditures (personal holding companies only) .....	<b>2d</b>	
<b>e</b>	Adjusted gain or loss .....	<b>2e</b>	
<b>f</b>	Long-term contracts .....	<b>2f</b>	
<b>g</b>	Merchant marine capital construction funds .....	<b>2g</b>	
<b>h</b>	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) .....	<b>2h</b>	
<b>i</b>	Tax shelter farm activities (personal service corporations only) .....	<b>2i</b>	
<b>j</b>	Passive activities (closely held corporations and personal service corporations only) .....	<b>2j</b>	
<b>k</b>	Loss limitations .....	<b>2k</b>	
<b>l</b>	Depletion .....	<b>2l</b>	
<b>m</b>	Tax-exempt interest income from specified private activity bonds .....	<b>2m</b>	
<b>n</b>	Intangible drilling costs .....	<b>2n</b>	
<b>o</b>	Other adjustments and preferences .....	<b>2o</b>	
<b>3</b>	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o .....	<b>3</b>	-11,227.
<b>4</b>	Adjusted current earnings (ACE) adjustment:		
<b>a</b>	ACE from line 10 of the ACE worksheet in the instructions .....	<b>4a</b>	-11,227.
<b>b</b>	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions .....	<b>4b</b>	0.
<b>c</b>	Multiply line 4b by 75% (0.75). Enter the result as a positive amount .....	<b>4c</b>	
<b>d</b>	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive) .....	<b>4d</b>	
<b>e</b>	ACE adjustment: • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	<b>4e</b>	0.
<b>5</b>	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT .....	<b>5</b>	-11,227.
<b>6</b>	Alternative tax net operating loss deduction. See instructions .....	<b>6</b>	
<b>7</b>	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions .....	<b>7</b>	
<b>8</b>	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
<b>a</b>	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- .....	<b>8a</b>	
<b>b</b>	Multiply line 8a by 25% (0.25) .....	<b>8b</b>	
<b>c</b>	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- .....	<b>8c</b>	
<b>9</b>	Subtract line 8c from line 7. If zero or less, enter -0- .....	<b>9</b>	
<b>10</b>	Multiply line 9 by 20% (0.20) .....	<b>10</b>	
<b>11</b>	Alternative minimum tax foreign tax credit (AMTFTC). See instructions .....	<b>11</b>	
<b>12</b>	Tentative minimum tax. Subtract line 11 from line 10 .....	<b>12</b>	
<b>13</b>	Regular tax liability before applying all credits except the foreign tax credit .....	<b>13</b>	
<b>14</b>	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return .....	<b>14</b>	

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2016)

**Adjusted Current Earnings (ACE) Worksheet**

▶ See ACE Worksheet Instructions.

<b>1</b>	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		<b>1</b>	-11,227.
<b>2</b>	ACE depreciation adjustment:			
<b>a</b>	AMT depreciation	<b>2a</b>		1,458.
<b>b</b>	ACE depreciation:			
(1)	Post-1993 property	<b>2b(1)</b>		1,458.
(2)	Post-1989, pre-1994 property	<b>2b(2)</b>		
(3)	Pre-1990 MACRS property	<b>2b(3)</b>		
(4)	Pre-1990 original ACRS property	<b>2b(4)</b>		
(5)	Property described in sections 168(f)(1) through (4)	<b>2b(5)</b>		
(6)	Other property	<b>2b(6)</b>		
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	<b>2b(7)</b>		1,458.
<b>c</b>	ACE depreciation adjustment. Subtract line 2b(7) from line 2a		<b>2c</b>	
<b>3</b>	Inclusion in ACE of items included in earnings and profits (E&P):			
<b>a</b>	Tax-exempt interest income	<b>3a</b>		
<b>b</b>	Death benefits from life insurance contracts	<b>3b</b>		
<b>c</b>	All other distributions from life insurance contracts (including surrenders)	<b>3c</b>		
<b>d</b>	Inside buildup of undistributed income in life insurance contracts	<b>3d</b>		
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	<b>3e</b>		
<b>f</b>	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		<b>3f</b>	
<b>4</b>	Disallowance of items not deductible from E&P:			
<b>a</b>	Certain dividends received	<b>4a</b>		
<b>b</b>	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-285, Div. A, section 221(a)(4)(A), Dec. 19, 2014, 128 Stat. 4043)	<b>4b</b>		
<b>c</b>	Dividends paid to an ESOP that are deductible under section 404(k)	<b>4c</b>		
<b>d</b>	Nonpatronage dividends that are paid and deductible under section 1382(c)	<b>4d</b>		
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	<b>4e</b>		
<b>f</b>	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		<b>4f</b>	
<b>5</b>	Other adjustments based on rules for figuring E&P:			
<b>a</b>	Intangible drilling costs	<b>5a</b>		
<b>b</b>	Circulation expenditures	<b>5b</b>		
<b>c</b>	Organizational expenditures	<b>5c</b>		
<b>d</b>	LIFO inventory adjustments	<b>5d</b>		
<b>e</b>	Installment sales	<b>5e</b>		
<b>f</b>	Total other E&P adjustments. Combine lines 5a through 5e		<b>5f</b>	
<b>6</b>	Disallowance of loss on exchange of debt pools		<b>6</b>	
<b>7</b>	Acquisition expenses of life insurance companies for qualified foreign contracts		<b>7</b>	
<b>8</b>	Depletion		<b>8</b>	
<b>9</b>	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		<b>9</b>	
<b>10</b>	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		<b>10</b>	-11,227.

**Depreciation and Amortization**  
(Including Information on Listed Property) 990-T

▶ Attach to your tax return.

Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Name(s) shown on return <b>NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.</b>	Business or activity to which this form relates <b>FORM 990-T PAGE 1</b>	Identifying number <b>71-0850123</b>
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**Part IV Election To Expense Certain Property Under Section 179** *Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount (see instructions) .....	1	500,000.
2 Total cost of section 179 property placed in service (see instructions) .....	2	
3 Threshold cost of section 179 property before reduction in limitation .....	3	2,010,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	12	
13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 .....	▶ 13	

*Note: Don't use Part II or Part III below for listed property. Instead, use Part V.*

**Part III Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	14	
15 Property subject to section 168(f)(1) election .....	15	
16 Other depreciation (including ACRS) .....	16	

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2016 .....	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....	▶ <input type="checkbox"/>	

**Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		SL	
h Residential rental property	/		27.5 yrs.	MM	SL	
	/		27.5 yrs.	MM	SL	
i Nonresidential real property	/		39 yrs.	MM	SL	
	/			MM	SL	

**Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

20a Class life					SL	
b 12-year			12 yrs.		SL	
c 40-year	/		40 yrs.	MM	SL	

**Part V Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	22	1,458.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	▶ 23	



**Part VI** **Listed Property** (include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)  
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?  Yes  No 24b If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use ..... 25

26 Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%				SL-		
		%				SL-		
		%				SL-		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ..... 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 ..... 29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles) .....												
31 Total commuting miles driven during the year .....												
32 Total other personal (noncommuting) miles driven .....												
33 Total miles driven during the year. Add lines 30 through 32 .....												
34 Was the vehicle available for personal use during off-duty hours? .....												
35 Was the vehicle used primarily by a more than 5% owner or related person? .....												
36 Is another vehicle available for personal use? .....												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
39 Do you treat all use of vehicles by employees as personal use? .....		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
41 Do you meet the requirements concerning qualified automobile demonstration use? .....		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VII** **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2016 tax year: ..... 42

43 Amortization of costs that began before your 2016 tax year ..... 43

44 Total. Add amounts in column (f). See the instructions for where to report ..... 44

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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UNRELATED WELLNESS CENTER REVENUE  
 RESEARCH  
 COSMETICS REVENUE

TO FORM 990-T, PAGE 1

FOOTNOTES	STATEMENT	2
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FORM 990-T, PART I, LINE 1A - THIS RETURN IS BEING AMENDED TO CORRECT THE AMOUNT OF GROSS RECEIPTS OR SALES ON LINE 1A. ON THE ORIGINAL RETURN, GROSS RECEIPTS OR SALES WERE INADVERTENTLY OVERSTATED BY \$248,501.

1,334,630.

SCHEDULE O - WE REMOVED THE TAXABLE INCOME AMOUNTS ALLOCATED TO EACH BRACKET AS WELL AS THE INCOME TAX APPORTIONMENT FOR NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC. TO REFLECT THE UPDATE TO UNRELATED BUSINESS INCOME ON FORM 990-T, PART II, LINE 34. HOWEVER, WE DID NOT CHANGE THE TAXABLE INCOME ALLOCATION OR THE INCOME TAX APPORTIONMENT FOR THE OTHER ENTITIES LISTED ON SCHEDULE O BECAUSE FORM 990-T FOR THESE ENTITIES IS ALREADY FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990-T OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
OTHER PURCHASED SERVICES	59,330.
NON-MEDICAL SUPPLIES	21,572.
UTILITIES	27,704.
TAX & LIC.	17,439.
RENT EXP	70,158.
MEDICAL SUPPLIES	215,585.
TELEPHONE	1,227.
BOOKS, DUES, & SUBSCRIPTIONS	6,642.
INSURANCE	695.
FOOD	216.
SEMINARS	525.
POSTAGE & FREIGHT	314.
TRAVEL	6,774.
LEASED EQUIPMENT	266.
ADVERTISING	5,264.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	433,711.

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 4

CORPORATION'S NAME	IDENTIFYING NO
BAPTIST MEMORIAL HEALTH CARE CORPORATION	58-1521475

**Northeast Arkansas Clinic Charitable Foundation, Inc.**  
**Form 990-T**

**EIN: 71-0850123**  
**FYE: 9/30/2017**

**Section 1.263(a)-1(f) De Minimis Safe Harbor Election**

Northeast Arkansas Clinic Charitable Foundation, Inc. on behalf of itself is making the de minimis safe harbor election under Treas. Reg. § 1.263(a)-1(f) for all eligible amounts paid or incurred during the taxable year.

**Northeast Arkansas Clinic Charitable Foundation, Inc.**  
**Form 990-T**

**EIN: 71-0850123**  
**FYE: 9/30/2017**

**Section 1.263(a)-3(n) Capitalization Election**

Northeast Arkansas Clinic Charitable Foundation, Inc. hereby elects on behalf of itself to capitalize repair and maintenance costs under Treas. Reg. § 1.263(a)-3(n). The costs were incurred during the taxable year in the electing taxpayer's trade or business and the electing taxpayer treats such costs as capital expenditures on its books and records.